

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	10-30-00
FORMALITY REVIEW	H.S.	866	12-04-00
RESPONSE FORMALITY REVIEW	HA	858	03-26-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected



Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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